

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599008

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		1			
4		1			
5		1			
6		1			
7		1			
8		1			
9		1			
10		1			
11		1			
12		1			
13		1			
14		1			
15		1			
16		1			
17		1			
18		1			
19		1			
20		1			
21		1			
22		1			
23		1			
24		1			
25		1			
26		1			
27		1			
28		1			
29		1			
30		1			
31		1			
32		1			
33		1			
34		1			
35		1			
36		1			
37		1			
38		1			
39		1			
40		1			
41		1			
42		1			
43		1			
44		1			
45		1			
46		1			
47		1			
48		1			
49		1			
50		1			
TOTAL IND.		1			
TOTAL DEP.		13			
TOTAL CLAIMS		14			

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					